

## **2005 White House Conference on Aging Independent Aging Agenda Event Post Event Summary Report**

Name of Event: New Hampshire Conference on Rural Mental Health, Substance Abuse and Aging

Date of Event: June 17, 2005

Location of Event: Plymouth State University, Plymouth, NH

Number Attending: 117

Sponsoring Organizations:

- Bureau of Behavioral Health, DHHS
- Coalition on Substance Abuse, Mental Health and Aging
- Mental Health & Aging Consumer Advisory Council
- NHADACA and the NH Institute on Addictive Disorders
- New Hampshire Chapter, National Association of Social Workers
- Real Choice Consumer Advisory Council
- Social Work Department, Plymouth State University
- University of NH/Institute on Disability

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### Overview

In 1995, Plymouth State College hosted a highly successful White House Mini-Conference on Aging, titled “Rural Northern New England: Meeting the Mental Health Needs of Older Adults.” Ten years later, with the baby boom generation about to become older adults, these issues remain. In response to ongoing need, a committee, including several individuals who helped organize the 1995 conference, planned the “New Hampshire Conference on Rural Mental Health, Substance Abuse and Aging,” at Plymouth State University.

During the morning session, several speakers outlined mental health and substance abuse issues currently facing New Hampshire and the nation including the anticipated aging of the baby boom generation. Opening remarks were made by Judge Edwin Kelly, Chairman of the Governor's Commission on Alcohol, Drug Abuse, Prevention, Intervention and Treatment, Joe Harding, Director, Office of Alcohol and Drug Policy, and Virginia Barry, Provost and Vice President for Academic affairs, PSU. The keynote speaker was Gary Bailey, the National president of NASW. Gary began by pointing out that by 2030, older adults would make up 20 percent of the population (vs. 12.4 percent in 2000); during the same period the number of people over 100 will triple. The "elderly" population in the future will be much more diverse than today, with "the population of aging Hispanics, African Americans, and Asian Americans...projected to grow faster than that of whites."

The conference participants (comprised of consumers of services, family members, advocates, legislators, and professionals) were also addressed by Dr. Stephen Bartels, Medical Director of the Bureau of Behavioral Health, and Scientific Co-Director, Older Americans Substance Abuse and Mental Health Technical Assistance Center. He discussed mental health and substance issues for older adults in New Hampshire and the nation.

In his overview of mental health issues, Dr. Bartels noted that due to the fragmented nature of our health care system, most older adults in need of mental health services receive them through long-term or primary care; there remains a pressing need to integrate primary care and mental health services. He also stressed the importance of expanding health promotion and community outreach and discussed New Hampshire's network of "Elder Wrap-Around Services".

Todd Ringelstein, MSW, Administrator of the State's Older Adult Mental Health Services, reported that "Elder Wrap Around" is a process of bringing the public and private sector together and sharing information on the local level. More importantly, it promotes person-centered planning, particularly for older adults in need of multiple supports, who may otherwise fall through the cracks.

The luncheon speaker was Robert Blancato, the Executive Director of the 1995 White House Conference on Aging and a member of the Policy and Executive Committees of the 2005 White House Conference on Aging (WHCoA). He discussed the importance of these conferences and their impact on aging policy in the years ahead.

### Priorities

In the afternoon, participants broke into eight work groups, based on the WHCoA Policy Committee topic areas, to discuss barriers and develop recommendations for the 2005 WHCoA. During a wrap-up session the topic area recommendations were prioritized in rank order. The results are detailed below.

### Priority Issue # 1:

#### Primary Care – Integration with Mental Health and Substance Abuse Services

- a) Financing - Medicare/Medicaid and private insurance need to reimburse for "same day" services and for collaborative models of care for SA/MH and primary care – these are regarded as the most efficient or cost effective and "patient" centered model.
- b) Training - a) Gerontology must be a core component of all professional training and should be a requirement of continuing education. This professional development should include cross-training in SA/MH and health and b) Gerontology should be designated as an underserved area (i.e. loan forgiveness).
- c) Technology/efficiencies - Integrated user-friendly information systems that include consumers and providers should cross PCP/MH/SA systems and should be affordable.
- d) Research - all federally funded/approved research should have a requirement that people over the age of 65 be included.

### Priority Issue #2:

#### Access to Home and Community Based Supportive Services

- a) Increase the proportion of funding for home and community based care over institutional care
- b) Develop less rigid federal and state eligibility for services criteria and include an "ala carte" menu of services based on individual need.
- c) Through education/awareness programs, empower providers, consumers and the general public to advocate for themselves in order to change "ageist" attitudes and maximize independence.

### Priority Issue # 3:

#### Financing – Ensuring Access to Care

Create a national health care system that adequately funds individual health care needs and ensures appropriate delivery of health care services with the following elements:

- a) Consumer driven choice
- b) Comprehensive (all health care - dental, mental health, substance abuse, medical)
- c) Equitable and seamless access
- d) Funding support for non-professional services such as family, peer support, community-based, preventative services.
- e) Services that meet the needs of the community (geographic, cultural diversity)

### Priority Issue # 4:

#### Health Promotion and Disease Prevention

- a) Develop a standardized intake form for all programs
- b) Involve advocates/consumers in promoting access to all programs

- c) Provide outreach services to assist with application for services and recertification
- d) Make greater use of ServiceLink (NH's aging and disability information and referral system)
- e) Develop a national health care system that is adequate and non-stigmatizing.
- f) Support services that promote: wellness, recovery, work and family cohesion.

#### Priority Issue # 5:

##### Co-occurring Disorders

- a) Establish multi-disciplinary models of care to address a consistent spectrum of services to the rural elder population with substance abuse and mental health needs.
- b) Increase workforce capacity to adequate and appropriate levels to address the health care needs of aging Americans.

#### Priority Issue # 6

##### Housing

- a) Increase affordable, accessible and integrated housing
- b) Utilize Universal Design for communities
- c) Utilize energy efficient ("green" and recycled) resources
- d) Simplify access to available resources (i.e. volunteers, subsidized housing programs)
- e) Support grass-roots activities

#### Priority Issue # 7:

##### Transportation

- a) Improve coordination and simplification of federal funding streams
- b) Break down the silos!
- c) Enhance community collaboration for local transportation

#### Priority Issue # 8:

##### Institutional Care

- a) Reintroduce the social model into the medical model (example: Live Your Dreams program)
- b) Utilize the "Eden Alternative" – emphasizing peer support.

#### Summary:

This conference provided an opportunity for New Hampshire citizens to provide information, comments, solutions and general input to the 2005 White House Conference on Aging Policy Committee for the purpose of developing the final agenda.

Many of the participants identified that the barriers discussed throughout the day were the same barriers that were discussed 10 years ago. Solutions have been recommended that would address the needs of citizens in New Hampshire and across the country. It, therefore, is critical that issues of mental health and substance abuse become part of the WHCoA Agenda for the next decade.